

## **APPROVAL OF APPLICATION FOR ALCOHOLIC BEVERAGES LICENSES**

### **FROM THE LOCAL ABC ADMINISTRATOR**

TO: COMMONWEALTH OF KENTUCKY  
OFFICE OF ALCOHOLIC BEVERAGE CONTROL  
1003 TWILIGHT TRAIL  
FRANKFORT, KENTUCKY 40601-8400

Telephone (502) 564-4850

Fax (502) 564-1442

This is to certify that the application of \_\_\_\_\_  
(List the exact name the license is to be issued under)

For a \_\_\_\_\_  
(List each type of ABC license applied for)

For Temporary Licenses only enter the effective date license(s) begins \_\_\_\_\_

and enter the date the license(s) shall expire \_\_\_\_\_.

To be located at \_\_\_\_\_ (street address)

In the city of \_\_\_\_\_, Kentucky.  
(Exact location of premises to be licensed)

Has been ☐ approved or ☐ disapproved on this \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

Administrator's Signature \_\_\_\_\_

The Local Alcoholic Beverage Control Administrator for the:

☐ the City of \_\_\_\_\_ or the ☐ the County of \_\_\_\_\_  
(check one)

### **(IMPORTANT NOTICE)**

Applicants must make arrangements to have the approval forwarded to the State ABC Office in Frankfort or attach this certificate to the application for state licenses and forward to:

Commonwealth of Kentucky  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
Or Fax to: (502) 564-1442